

www.mass.gov/abcc

LICENSE NUMBER	C: 06/000003		CITY OR TO	WN MASHPEE
APPLICATION FOI	R RENEWAL:	Annual	LIC	CENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	NEW SEABU	JRY RESOURCE MAN	AGEMENT	
DOING BUSINESS	A NEW SEAF	BURY COUNTRY CLU	В	
ADDRESS 95 SHOL	RE DRIVE WE	ST		
CITY/TOWN: MA	SHPEE	STATE: MA	ZIP CODE	E: 02649
MANAGER: BRE STEI	NNAN, PHEN T.	TYPE OF LICENSE: R	lestaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	REMISES:		
SHOP, MENS BAR.	. FIRST FLOOI R; MEETING I	R; LOBBY, KITCHEN,I	LOUNGE, RESTA	KERS, SHOWERS, PRO AURANT, COFFE SHOP, GROUNDS WITHIN 500
I hereby certify and s	swear under per	nalties of perjury that:		
1. the renew	ed license will	be of the same type for the	ne same premises	now licensed;
2. the licens	ee has complied	d with all laws of the Cor	nmonwealth relat	ing to taxes; and
3. the premi	ses are now ope	en for business (If not ex	plain below)	
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer	
DATE:	TELEP	HONE NUMBER:		OYER IDENTIFICATION NUMBER:
			(Note: NO	T Individual Social Security Number)
Acts of 2004, signed	d by the buildi	ng inspector and the he	ad of the fire dep	quired by Chapter 304 of the partment for the above I by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LIC By:	ENSING AUTHORITY
(If disapproved expla	ain)			
D.A.TE				
DATE:				



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LICENSE NU	MBER: 067000004		CITY OR TOWN MASHP	EE
APPLICATIO	N FOR RENEWAL	L: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: Q.V.C.C. II	NC.		
DOING BUSI	NESS A QUASHN	IET VALLEY COUNTRY C	LUB	
ADDRESS 30	9 OLD BARNSTA	BLE RD.		
CITY/TOWN:	MASHPEE	STATE: MA	ZIP CODE: 02649	
MANAGER:	D'OLIMPIO, PHILIP J.	TYPE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	N OF LICENSED I			
		E SERVED IN LOUNGE, ST STAMPED ON MARCH 5,		
I hereby certify	y and swear under p	enalties of perjury that:		
1. the	renewed license wi	ll be of the same type for the	same premises now licensed;	
2. the	licensee has compl	ied with all laws of the Comn	nonwealth relating to taxes; an	d
3. the	premises are now o	pen for business (If not expla	nin below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	rate Officer	
DATE:	TELI	EPHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	al Security Number)
Acts of 2004,	signed by the buil	ding inspector and the head	e certificate required by Cha of the fire department for the	he above
of 2010.	e and (2) the certif	icate of liquor liability insu	rance required by Chapter 1	16 of the Acts
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)		-	
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	06/000010		CITY OR IC	JWN MASHPER	L
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	POET'S PUB, INC	•			
DOING BUSINESS A	BOBBY BYRNE	'S PUB			
ADDRESS RTE. 28					
CITY/TOWN: MASH	HPEE	STATE: MA	ZIP COD	DE: 02649	
MANAGER: BYRN	E, ROBERT TYP	'E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	SES:			
INCREASE SIDEWA SERVICE BAR_OUT OFFICE STORAGE.					
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	d license will be of	the same type for the	e same premise	s now licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth rela	ating to taxes; and	
3. the premise	s are now open for	business (If not expl	lain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
D 4 FF					
DATE:	TELEPHON	E NUMBER:		LOYER IDENTIFICAT OT Individual Social S	
			(140te. <u>144</u>	OI marviduai sociai s	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	spector and the hea	d of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)		-		
DATE.					
DATE:					



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LICENSE NUMBER: 06/000013	'	CITY OR TOWN MASHPEE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CAPE COD C	ONVENTION CENTER I	NC.
DOING BUSINESS A ZACHARY'S	S	
ADDRESS 100 GREAT NECK ROA	AD NORTH	
CITY/TOWN: MASHPEE	STATE: MA	ZIP CODE: 02649
MANAGER: HALPERN, RICHARD	TYPE OF LICENSE: Innh	older CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PRE	EMISES:	
2 STORY BLDG.CONSTING OF 3 SEATING AREA ENCLOSED BY 6 ENTERTAINMENT IN OUTSIDE A PREMISES WITH 2 STANDARD E	5 FT. FENCE- NO SERVII AREA; 2ND. FL. CONSIS	NG OF ALCHOL OR TING OF 18 RMS. 10 RESTRMS. ON
I hereby certify and swear under pena	alties of perjury that:	
1. the renewed license will b	e of the same type for the s	same premises now licensed;
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes; and
3. the premises are now open	n for business (If not explai	in below)
SIGNED BY Individual, Pa	rtner or Authorized Corpor	rate Officer
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildin	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
DATE:		



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57000015		CITY OF	R TOWN	MASHPEE	Ś
ENEWAL:	Annual		LICENS	SED FOR 20	013
	CLASS				YEAR
ETTER FOOD L	LC				
SIENA					
28-MASHPEE C	OMMONS				
PEE	STATE: N	1A ZIP C	CODE:	02649	
AN, TYI M	PE OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
]
ASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDRES	S		_
		22 SEATS AT	THE BAI	R PLUS 40	
ar under penalties	of perjury that:				
icense will be of	the same type for	the same pren	nises now	licensed;	
as complied with	all laws of the C	Commonwealth	relating to	taxes; and	
are now open for	business (If not o	explain below)			
ndividual, Partner	or Authorized C	orporate Offic	er		
TELEPHON	E NUMBER:	I	EMPLOYER	IDENTIFICAT	TION NUMBER:
		(Not	e: NOT Indi	ividual Social S	Security Number)
the building in	spector and the	head of the fir	re departn	nent for the	above
		LOCAI	L LICENS	ING AUTHO	ORITY
		By:			
	ENEWAL: ETTER FOOD L SIENA 28-MASHPEE C PEE AN, TYI M ENSED PREMIS ANT; 180 SEAT OUTDOOR TA ar under penalties icense will be of as complied with are now open for a complied with are now open for the building instance of the building instance.	ENEWAL: Annual CLASS ETTER FOOD LLC SIENA 28-MASHPEE COMMONS PEE STATE: N AN, TYPE OF LICENSE M SEALSO VISIT OUR WEBSITE AND ENTER YOUTH OF LICENSE ANT; 180 SEATS INCLUDING A COUTDOOR TABLES ar under penalties of perjury that: icense will be of the same type for as complied with all laws of the Care now open for business (If not a country of the c	ENEWAL: Annual CLASS ETTER FOOD LLC SIENA 28-MASHPEE COMMONS PEE STATE: MA ZIP OF AN, TYPE OF LICENSE: Restaurant M SEALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESSENSED PREMISES: ANT; 180 SEATS INCLUDING 22 SEATS AT OUTDOOR TABLES Bur under penalties of perjury that: Incense will be of the same type for the same prere as complied with all laws of the Commonwealth are now open for business (If not explain below) Addividual, Partner or Authorized Corporate Office the building inspector and the head of the first the certificate of liquor liability insurance requirements.	ENEWAL: Annual LICENS CLASS ETTER FOOD LLC SIENA 28-MASHPEE COMMONS PEE STATE: MA ZIP CODE: AN, TYPE OF LICENSE: Restaurant CAMM SEALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS ENSED PREMISES: ANT; 180 SEATS INCLUDING 22 SEATS AT THE BARE OUTDOOR TABLES ar under penalties of perjury that: icense will be of the same type for the same premises now as complied with all laws of the Commonwealth relating to are now open for business (If not explain below) dividual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER (Note: NOT Indicates that we are in possession (1) the certificate required the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate of liquor liability insurance required by (1) and the certificate required	CLASS ETTER FOOD LLC SIENA 28-MASHPEE COMMONS DEE STATE: MA ZIP CODE: 02649 AN, TYPE OF LICENSE: Restaurant CATEGORY: M SE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS ENSED PREMISES: ANT; 180 SEATS INCLUDING 22 SEATS AT THE BAR PLUS 40 OUTDOOR TABLES ur under penalties of perjury that: iciense will be of the same type for the same premises now licensed; as complied with all laws of the Commonwealth relating to taxes; and are now open for business (If not explain below) dividual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social States that we are in possession (1) the certificate required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor liability insurance required by Chapter 1166 the certificate of liquor li



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 06/000020		CITY OR TOWN MASHPE	E
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR 2	2013
		CLASS		YEAR
		ENTERPRISES, INC APE WINE AND SPIRIT	S	
ADDRESS SC	OUTH CAPE PLAZ	A/ ROUTE 28		
CITY/TOWN:	MASHPEE	STATE: MA	ZIP CODE: 02649	
MANAGER:	RYMSHA, BARBARA	TYPE OF LICENSE:P	ackage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
-	N OF LICENSED P			
		AS AND ONE RESTROO enalties of perjury that:	M; CELLAR USED FOR STORA	AGE.
2. the	licensee has compli	**	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	
SIGNED BY	Individual,	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	VIBER: 06/000021		CITY OR TOWN MASHP	EE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSIN	AME: ANDY'S MARK NESS A 5 NATHAN ELLIS HIC			
CITY/TOWN:	MASHPEE	STATE: MA	ZIP CODE: 02649	
MANAGER:	ANDERSON, T BRYAN W	YPE OF LICENSE:Pa	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR F	CMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	MISES:		
	premises are now open			nd
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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LICENSE NUMBER	: 06/000023		CITY OR TO	WN MASHPE	E
APPLICATION FOR	R RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	DENRICH ENTE	RPRISES, INC			
DOING BUSINESS	A LIBERTY LIQU	ORS AT NORTH N	MARKET ST		
ADDRESS RTE 28 &	& 151				
CITY/TOWN: MAS	SHPEE	STATE: MA	ZIP CODI	E: 02649	
MANAGER: RYM M.	SHA, DENA TY	PE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMI	ISES:			
4777 SQ FT OF SPA FT FOR STORAGE DELIVERIES THRU EXIT.ADDING 1,02 RESTROOM AND O	WITH AN ADDITI J SEPARATE ENT 4 SQ. FT. OF SALI	IONAL 1500 SQ FT RANCE AT FRONT E AREA TO THE E	FOR STORAGI FOF STORE AN XISTING STOR	E IN BASEMEN ID ONE EMERC	T. GENCY
I hereby certify and s	wear under penaltie	s of perjury that:			
		the same type for the all laws of the Con	•		
3. the premis	ses are now open for	r business (If not exp	plain below)		
SIGNED BY	Individual, Partne	r or Authorized Corp	oorate Officer		
D 4 500					
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA T Individual Social	
Places Charle Palares					
Please Check Below: APPROVED:			LOCAL LIC By:	CENSING AUTH	IORITY
DISAPPROVED:			Dy.		
(If disapproved expla	in)				
DATE:					
DATE.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 06/000024		CITY OR TOWN MASH	EE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
	AME: PARADIGM NESS A THE BARN			
ADDRESS RT	ΓE 28 MERRY MEA	DOW		
CITY/TOWN:	MASHPEE	STATE: MA	ZIP CODE: 02649	
MANAGER:	SHAFIQUE, MOHAMMED	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
FREE STAND	OING BLDG, GROU	ND FLOOR,TWO ROOM	4S	
	premises are now op	en for business (If not exp		nd
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVE			LOCAL LICENSING AUT	ГНОКІТУ
(If disapproved				
DATE:				



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LICENSE NUMBER: 067	000036		CIT	Y OR TOWN	MASHPE	3
APPLICATION FOR REI	NEWAL:	Annual		LICEN	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: SO	UTHWORTH WI	LLOWBEND I	NC.			
DOING BUSINESS A W	TLLOWBEND C	OUNTRY CLU	B			
ADDRESS 100 WILLOW	BEND DRIVE					
CITY/TOWN: MASHPE	BE .	STATE: M	A Z	ZIP CODE:	02649	
MANAGER: CHAUVI	N, CATHY TYPE	OF LICENSE:	Club	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASI	E ALSO VISIT OUR WEBS	SITE AND ENTER YOU	JR EMAIL AI	ODRESS		_
2 STORY BLDG, MAIN LOUNGE ON LOWER L AND ENTRANCES, POO GRILL ROOM. SEATIN	EVEL, FRONT A	AND REAR EX G, FORMER P	IT/ENTF RO SHO	RANCE, SIX	ADDITIONA	L EXITS
I hereby certify and swear						
1. the renewed lic		• 1		•		
2. the licensee has	•			Ü	to taxes; and	
3. the premises ar	e now open for bu	isiness (11 not e	хріані ос	10w)		
SIGNED BY	lividual, Partner o	r Authorized Co	orporate (Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT In	dividual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building insp	ector and the h	ead of tl	ne fire depar	tment for the	above
Please Check Below:			LC	CAL LICEN	SING AUTH	ORITY
APPROVED:			Ву	:		
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 067000042		CITY OR TOWN	MASHPEE	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	Shreeji Krupa I	LC			
DOING BUSINESS	A Best Buy Bev	erage			
ADDRESS 16 ECHO	O RD				
CITY/TOWN: MA	SHPEE	STATE: MA	ZIP CODE:	02649	
MANAGER: Patel	, Chetna H.	ΓΥΡΕ OF LICENSE: Pa	ckage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF					
~	BEER, WINE A	LUDING COOLER; 70 ND LIQUOR. 4075 SQ			-
2. the license	ee has complied v	of the same type for the vith all laws of the Comfor business (If not exp.	monwealth relating t		
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:			TON NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expla	ain)				
			-		
DATE:					



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LICENSE NUMBE	R: 067000043		CITY C	R TOWN	MASHPEE	
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	: ZOE, INC.					
DOING BUSINESS	S A ZOE'S					
ADDRESS 38 BAT	ES ROAD					
CITY/TOWN: MA	ASHPEE	STATE: N	MA ZIP	CODE:	02649	
MANAGER: POO W.	OLE, THOMAS TYPE	OF LICENSE	:Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YO	OUR EMAIL ADDRE	ESS		ı
DESCRIPTION OF	F LICENSED PREMISES	S:				
	ABLISHMENT, SEATIN IT ONLY AND ONE RE		Y OF 75, TW	O ENTRA	NCES/ EXIT	'S, ONE
I hereby certify and	swear under penalties of	perjury that:				
	wed license will be of the	• 1				
	see has complied with all			Ū	taxes; and	
3. the prem	iises are now open for bu	siness (If not o	explain below	⁷)		
GIGNED DV						
SIGNED BY	Individual, Partner or	Authorized C	Corporate Offi	cer		
			_			
DATE:	TELEPHONE 1	NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
			(No	ote: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe l (2) the certificate of liq	ctor and the	head of the f	ire departr	nent for the	above
Please Check Below:			LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	loin)					
(If disapproved expl	iaiii)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000044	C	CITY OR TOWN MASHPEE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BARNSTABLE	PIZZA & PASTA CO, IN	NC
DOING BUSINESS A FINALLY DIN	O'S	
ADDRESS 401 ROUTE 151		
CITY/TOWN: MASHPEE	STATE: MA	ZIP CODE: 02649
MANAGER: MITROKOSTAS, T'CONSTANTINO	YPE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PREM		
5400 SQ. FEET LOCATED AT JOHN' FRONT/SIDE ENTR, REAR FOR DEI STOOLS WITH FRONT ENTRANCE	LIVERY. UNITS 2&3 DI	
I hereby certify and swear under penalti	es of perjury that:	
1. the renewed license will be o	of the same type for the sa	nme premises now licensed;
2. the licensee has complied wi		· ·
3. the premises are now open for	or business (If not explain	n below)
avayar by		
SIGNED BY Individual, Partn	er or Authorized Corpora	ate Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building i	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above once required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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LICENSE NUMBE	CR: 067000046		CITY OR TOWN	MASHPEE
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: 99 WEST, INC			
DOING BUSINESS	S A			
ADDRESS 8 RYA	N'S WAY			
CITY/TOWN: MA	ASHPEE	STATE: MA	ZIP CODE:	02649
	HNENBERGER, <mark>TYI</mark> MBERLY A.	PE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	F LICENSED PREMIS			
LOUNGE AND DE	URANT INCLUDINC RESSING AREA, STO RANCES AND EXIT	ORAGE ROOMS, O	the state of the s	
I hereby certify and	swear under penalties	of periury that:		
	wed license will be of		e same premises now	licensed;
2. the licen	see has complied with	all laws of the Com	monwealth relating to	taxes; and
3. the prem	nises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signe	ed by the building ins	spector and the hea	d of the fire departn	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	lain			
(If disapproved exp	1a111 <i>)</i>			
DATE:				



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LICENSE NUI	MBER: 067000051		CITY OR TOWN MASH	PEE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NA	AME: NEW SEABU	JRY RESOURCES MANA	AGEMENT, INC.	
DOING BUSIN	NESS A POPPONES	SET INN		
ADDRESS SH	ORE DRIVE			
CITY/TOWN:	MASHPEE	STATE: MA	ZIP CODE: 02649	
MANAGER:	BRENNAN, STEPHEN	TYPE OF LICENSE: Inn	holder CATEGOI	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
3 LEVELS, FU SNACK BAR.	JNCTION BAR,40 PI	ERSON LOUNGE, MAIN	DINING ROOM, VERANI	DA AND
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	same premises now licensed	•
2. the	licensee has complied	with all laws of the Comr	nonwealth relating to taxes; a	and
3. the	premises are now ope	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual So	cial Security Number)
Acts of 2004, named license	signed by the buildin	ng inspector and the head	e certificate required by Ch d of the fire department for rance required by Chapter	the above
of 2010.				
Please Check Belo APPROVED:			LOCAL LICENSING AU	THORITY
DISAPPROVE			By:	
(If disapproved			-	
DATE:				



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LICENSE NUMBER	06/000055		CITY OR TOV	WN MASHPEI	D.
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	FIDDE CORP.				
DOING BUSINESS A	A SOPRANO'S RIS	TORANTE			
ADDRESS 681 FAL	MOUTH RD				
CITY/TOWN: MAS	HPEE	STATE: MA	ZIP CODE	2: 02649	
MANAGER: RICH EDM		PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:			
PREMISES IS THE F FROM THE FRONT FULL SERVICE RES 2 BATHROOMS. SE	AND ONE TO THE TAURANT AT 68	E SIDE EXITING O I FALMOUTH RD.	N TO A GROU	ND LEVEL PAT	ΓIO.
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	d license will be of	the same type for the	same premises	now licensed;	
2. the license	e has complied with	all laws of the Com	nonwealth relati	ng to taxes; and	
3. the premise	es are now open for	business (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT	
			(Note: NO	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building in	spector and the hea	d of the fire dep	artment for the	e above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY
(If disapproved explain	n)				
			-		
DATE:					



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LICENSE NUM	BER: 067000064		CITY OR TOWN MASHP	EE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: BLEU, INC.			
DOING BUSINE	ESS A BLEU			
ADDRESS 38 N	ATHAN ELLIS HIC	GHWAY		
CITY/TOWN:	MASHPEE	STATE: MA	ZIP CODE: 02649	
	EUFEU, REDERIC	TYPE OF LICENSE: Re	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PRE			
	X.2,970 SQ.FT.& H		SHPEE COMMONS .FACILIT FRONT & DOUVLE DOORS	
I hereby certify a	nd swear under pena	ılties of perjury that:		
1. the re	newed license will be	e of the same type for the	e same premises now licensed;	
2. the lic	censee has complied	with all laws of the Com	monwealth relating to taxes; an	d
3. the pr	emises are now open	n for business (If not expl	ain below)	
SIGNED BY	Indicident Dec	mto an an Austhania al Cana		
	maividuai, Pai	rtner or Authorized Corpo	orate Officer	
DATE:	TEI EDL	HONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
	TELEFF	IONE NUMBER.	(Note: NOT Individual Socia	
Acts of 2004, sig	gned by the buildin	g inspector and the hea	ne certificate required by Cha d of the fire department for the arance required by Chapter 1	he above
Please Check Below:	<u>:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	J
DISAPPROVED			•	
(If disapproved e	explain)			
DATE:				
~				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 06/000068		CITY OR TOWN MASHPEE	2
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NA	AME: SADIQ CORPO	RATION		
DOING BUSIN	NESS A MASHPEE MA	ART		
ADDRESS 44	FALMOUTH ROAD			
CITY/TOWN:	MASHPEE	STATE: MA	ZIP CODE: 02649	
MANAGER:	FAROOQ, T'SHAKEEL MOHAMMED	YPE OF LICENSE: Pac	kage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
-	N OF LICENSED PREM			
	0 S/F; 2 ENTRANCES; & MALT BEVERAGE		OOM; 400 S/F TO BE USED T	O'
I hereby certify	and swear under penalti	es of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now licensed;	
2. the	licensee has complied wi	th all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now open for	or business (If not expla	in below)	
SIGNED BY	Individual, Partn	er or Authorized Corpo	rate Officer	
	·	·		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
			(Note: NOT Individual Social S	Security Number)
Please Check Belo	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				



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LICENSE NUMBER:	067000069		CITY OR TOWN	MASHPEE
APPLICATION FOR	RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A		ET,INC.		
ADDRESS 25 MARK	ET STREET			
CITY/TOWN: MASI	HPEE	STATE: MA	ZIP CODE:	02649
MANAGER: REID,	JOHN F., JR. TYPE	E OF LICENSE: Res	taurant CAT	ΓEGORY: All Alcohol
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISE	ES:		
1ST. FL. 1,160 SQ. FT DINING AREA SEAT KITCHEN, LAVATO	TS, 15 BAR STOOLS	S, 20 STABDEESM	650 SQ. FT. 2ND FI	
I hereby certify and sw	ear under penalties o	of perjury that:		
1. the renewed	l license will be of th	e same type for the	same premises now lie	censed;
2. the licensee	has complied with a	ll laws of the Comm	nonwealth relating to t	axes; and
3. the premise	es are now open for b	usiness (If not expla	in below)	
SIGNED BY			0.00	
	Individual, Partner o	r Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
			(Note: NOT Indivi	dual Social Security Number)
Acts of 2004, signed	by the building insp	ector and the head	of the fire departme	by Chapter 304 of the ent for the above hapter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	NG AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	1)			
DATE:			-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 06/0000/1		CITY OR TOWN MA	SHPEE
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED :	FOR 2013
		CLASS		YEAR
DOING BUSII	AME: MPG CORPO NESS A RAPID REI 4 NATHAN ELLIS I	FILL CONVENIENCE		
CITY/TOWN:	MASHPEE	STATE: MA	ZIP CODE: 026	549
MANAGER:	CARVALHO, SUSAN L	TYPE OF LICENSE:P	ackage Store CATEC	GORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PE CONVEN STORE O		ONT, TWO SIDE FIRE EX	TITS
2. the	licensee has complied premises are now open	* *		
DATE:	TELEF	PHONE NUMBER:		TTIFICATION NUMBER: I Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING By:	AUTHORITY
DATE:				



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LICENSE NUMBER:	: 067000073		CITY OR TOW	/N MASHPEE	\$
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MASHPEE ORIEN	NTAL, INC			
DOING BUSINESS A	A ASIA PALACE				
ADDRESS 3 GREEN	ST				
CITY/TOWN: MAS	HPEE	STATE: MA	ZIP CODE:	02649	
MANAGER: KO, N	IEINA TYI	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	-				
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L					
3760 SQ FT AND HA EMERGENCY EXIT		CAPACITY OF 100,	ONE FRONT E	NTRANCE ON	E
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	d license will be of	the same type for the	same premises n	ow licensed;	
2. the license	e has complied with	all laws of the Com	monwealth relatir	ng to taxes; and	
3. the premise	es are now open for	business (If not expl	ain below)		
SIGNED BY	Individual Partner	or Authorized Corp	orate Officer		
	morvidual, i artifor	or radiorized corp.	orace officer		
DATE:	TEI EPHON	IE NUMBER:	EMPLO	YER IDENTIFICAT	TON NUMBER:
	TEEEI HOIV	L IVONIBLIC.	(Note: NOT	Individual Social S	Security Number)
We the understand	attact that we are	in neggesien (1) th	a acutificata usa:	uluad by Chant	or 204 of the
We the undersigned Acts of 2004, signed					
named license and (2 of 2010.	2) the certificate of	liquor liability insu	rance required	by Chapter 116	of the Acts
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
			-		
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY L	ICENSEES DURING THE M	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 067	000074		(CITY OR TO	OWN	MASHPE	E
APPLICATION FOR REN	NEWAL:	Annı	ıal	L	ICENS	SED FOR 2	013
		CLA	SS				YEAR
LICENSEE NAME: WIC	CKED RESTAU	RANT INC.					
DOING BUSINESS A W	ICKED						
ADDRESS 35 SOUTH ST	ΓREET/BUILDI	NG F2-2/SO	UTH CA	PE VILLAC	ЗE		
CITY/TOWN: MASHPE	lΕ	STATE:	MA	ZIP COD	DE:	02649	
MANAGER: CATANIA ROBERT	TYP:	E OF LICEN	SE:Resta	urant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASE	E ALSO VISIT OUR WE	BSITE AND ENTE	R YOUR EMA	L ADDRESS			
DESCRIPTION OF LICE							
4200 SQ FT FACILITY, I OUTSIDE RESTAURAN		NCE/EXITS;	TWO RE	STROOMS	S, SEA	ΓING FOR	25
I hereby certify and swear	under penalties	of perjury tha	at:				
1. the renewed lic	ense will be of t	he same type	for the sa	me premise	s now	licensed;	
2. the licensee has	s complied with	all laws of th	e Commo	nwealth rela	ating to	taxes; and	
3. the premises ar	e now open for b	business (If n	ot explair	below)			
SIGNED BY							
Ind	ividual, Partner	or Authorize	d Corpora	te Officer			
DATE:	TELEPHONE	E NUMBER:					TION NUMBER:
				(Note. <u>14</u>)	OI ma	ividual Social i	Security Number)
We the undersigned, atto Acts of 2004, signed by t named license and (2) th of 2010.	the building ins	pector and t	he head o	f the fire d	epartn	nent for the	e above
Please Check Below:				LOCAL LI	CENS	ING AUTH	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067000075	C	ITY OR TOWN MASHPEE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: VERA CORPOR	RATION	
DOING BUSINESS A BISTRO 36		
ADDRESS 36 SOUTH ST		
CITY/TOWN: MASHPEE	STATE: MA	ZIP CODE: 02649
MANAGER: GOSSIOS, GEORGET	YPE OF LICENSE: Restau	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMAIL	L ADDRESS
UNIT C8 CONSISTING OF 4030 SF. ROOM IN ONE ROOM CONSISTING LOWER TERRACE SEATING FOR ADDITIONAL EGRESSES ON JOY S	G OF INDOOR SEATING 24 OCCUPANTS. KITCH	FOR 111 OCCUPANTS, OUTDOOR
1. the renewed license will be 2. the licensee has complied w 3. the premises are now open f	of the same type for the san ith all laws of the Common	nwealth relating to taxes; and
SIGNED BY Individual, Partr	ner or Authorized Corporat	te Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head of	ertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUMBEI	R: 067000076		CITY OR TOWN	MASHPEE	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SKITTLES, INC.				
DOING BUSINESS	A THE LANES				
ADDRESS GREEN	E STREET				
CITY/TOWN: MA	SHPEE	STATE: MA	ZIP CODE:	02649	
MANAGER: MOO	ORE, JEFFREY TYPE	OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION OF	LICENSED PREMISES	S :			
	ILITY WITH FRONT V NTRANCE FROM NOR CAPACITY 165				Æ
I hereby certify and	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	same type for the	same premises now	licensed;	
2. the licens	see has complied with all	laws of the Comr	nonwealth relating to	o taxes; and	
3. the premi	ises are now open for bus	siness (If not explain	ain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	NUMBER:		IDENTIFICAT	
			(Note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, signe	ed, attest that we are in d by the building inspec (2) the certificate of liq	ctor and the head	l of the fire departı	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	• >				
(If disapproved expl	ain)				
			-		
DATE:					